


# FRONT

|   |              |  |
|---|--------------|--|
| <b>Personal Property<br/>Receipt/Evidence Tag</b><br><br>Destination _____<br>Via _____ | Barcode Here |  |
| <b>PERSONAL INFORMATION</b>   |              |  |
| Name:   |              |  |
| Gender/DOB/Age:   |              |  |
| Address:  |              |  |
| City, State, Zip:   |              |  |
| Phone   |              |  |
| COMMENTS:   |              |  |

## VITAL SIGNS

| Time | B/P | Pulse | Respiration |
|------|-----|-------|-------------|
|      |     |       |             |
|      |     |       |             |
|      |     |       |             |
|      |     |       |             |

## IV Solutions

| Time | IV Solution | Solution Rate | Added Drugs |
|------|-------------|---------------|-------------|
|      |             |               |             |
|      |             |               |             |
|      |             |               |             |

## START Triage (for Adults)

- |  |   |                  |                          |
|--|---|------------------|--------------------------|
| Move the Walking Wounded   | ▶ | <b>MINOR</b>     | <input type="checkbox"/> |
| No Respirations After Head Tilt  | ▶ | <b>EXPECTANT</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Respiration > 30 per Min  | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Perfusion: Absent radial pulse<br>OR <2 sec capillary refill time | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Status: Can't Follow<br>Simple Commands                    | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> All Others  | ▶ | <b>DELAYED</b>   | <input type="checkbox"/> |

## BACK

*Accident: (1) brief description (2) date/time (3) location*

### *Radiation Exposure*

| External     | Radiation type(s) | Estimated exposure time | Dose Rate |
|--------------|-------------------|-------------------------|-----------|
| Whole body   |                   |                         |           |
| Partial body |                   |                         |           |

### *Prodromal symptoms of Acute Radiation Syndrome: Time/Date*

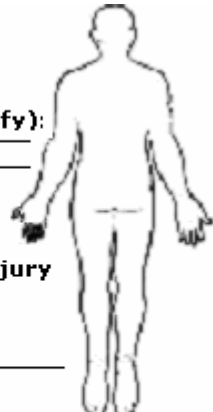

|                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Nausea   | <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea    |
| <input type="checkbox"/> Apathy   | <input type="checkbox"/> Fever    |                                      |

### *Surface contamination: Identify Isotope(s):*

| Body part | Contaminated area $\pm$ shrapnel | Initial count | Decontamination performed? Yes/No | F/u Count |
|-----------|----------------------------------|---------------|-----------------------------------|-----------|
|           |                                  |               |                                   |           |
|           |                                  |               |                                   |           |
|           |                                  |               |                                   |           |

Decontamination method and agent used:

### *Localize Injuries/Contamination*



☐ Head Injury  
☐ C-Spine  
☐ Burn  
☐ Trauma (Specify): \_\_\_\_\_  
☐ Fracture  
☐ Laceration  
☐ Penetrating Injury  
☐ Amputation

Medical issues:  
☐ Cardiac  
☐ Diabetic  
☐ Respiratory  
☐ OB .GYN  
☐ Other: \_\_\_\_\_

### *Biodosimetry Samples Obtained*

|                           | Date/Time | Sent Where | Comments |
|---------------------------|-----------|------------|----------|
| Nasal smears (R & L)      |           |            |          |
| CBC                       |           |            |          |
| CBC with diff & PLT Count |           |            |          |
| Bioassay samples          |           |            |          |